



ATTORNEY DOCKET NO. 79203

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hoffmann, Jacques et al.)
Appln. No.: 10/689,162)
Filed: October 20, 2003)
Title: CALIBRATION AND VALIDATION)
FOR A LEAK DETECTOR)
Group Art)
Unit: 2856)
Examiner: Charles Garber)

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on this date.

7/1/05

Date:

Kenneth H. Samples
Kenneth H. Samples
Registration No. 25,747
Attorney for Applicant(s)

REQUEST TO SUBSTITUTE FORMAL DRAWINGS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a request to substitute the attached three sheets of formal drawings for the informal drawings now in the file. Fig. 3 of the enclosed formal drawings now includes the reference numeral 27 for the Reference Cell which numeral was not present in Fig. 3 of the informal drawings, but is used throughout the specification.

Respectfully submitted,
FITCH, EVEN, TABIN & FLANNERY

Kenneth H. Samples
Kenneth H. Samples
Registration No. 25,747

Date: July 1, 2005

120 South LaSalle St., Suite 1600
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Telephone: (312)577-7000
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LFW

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Appln No.: 10/689,162
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Confirmation No. 6390

CERTIFICATE OF MAILING

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7/1/05
Date

Kenneth H. Samples
Kenneth H. Samples
Registration No. 25,747
Attorney for Applicant(s)

Attorney Docket: 79203
Customer No.: 22242

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☐ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- ☒ A Petition for Extension of Time for reply within the second month is attached.
- ☒ No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Independent Claims	1	3	0	x \$ 200.00	= \$ 0.00
Total Claims	25	28	0	x \$ 50.00	= \$ 0.00
Fee for Multiple Dependent Claims				\$ 360.00	
** At least 3				Total Additional Fee	\$ 0.00
* At least 20					

- ☐ Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), thus reducing the fee by half to: \$ 0.00

Application No. 10/689,162
Reply to Office Action of February 4, 2005

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1135.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.
- ☒ Request to file Formal Drawings.

7/1/05
Date

Kenneth H. Samples
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Registration No. 25,747

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